



# Georgia Higher Education Savings Plan (GHESP)

## Authorization for Automatic Payroll Deduction Or ACH Direct Deposit for State Employees

200 Piedmont Avenue, Suite 1204-West

Atlanta, GA 30334

**Questions?** Call 404-463-0000 (metro-Atlanta area) or 866-529-9529 (toll-free), 8:00 AM – 5:00 PM (M-F)

Visit [www.GAcollagesavings.com](http://www.GAcollagesavings.com)

### Instructions

- Read the attached *State Employee Payroll Deduction Checklist* for more information before completing this form.
- Use this form to contribute into your Program Account(s) for one or more Beneficiaries. Be sure to attach an *Account Application* if you are opening a new Program Account for any Beneficiary.
- Print in capital letters with blue or black ink, then mail this form to the Program or to your employer, as directed in Section 1.

### 1. What would you like to do? (Check only one box.)

<input type="checkbox"/> <b>Establish payroll deduction</b> <i>Check this box, then complete all sections and return this form to the Program at the address listed above.</i>	<input type="checkbox"/> <b>Change the amount of my contribution</b> <i>Check this box, then complete sections 1, 2, 4, 5 and return this form to the Program at the address listed above.</i>
<input type="checkbox"/> <b>Change my allocation among Investment Options and/or Beneficiaries</b> <i>Check this box, then complete sections 1, 2, 4, 5 and return this form to the Program at the address listed above.</i>	<input type="checkbox"/> <b>Cancel payroll deduction</b> <i>Check this box, then complete sections 1, 2, 5 and return this form directly to your State employer/agency.</i>

**\* Note: Instructions contained in this form will replace any previous instructions.**

### 2. Account Owner (State Employee) Information (The State employee must be the Account Owner.)

<div> <div></div> <div>-</div> <div></div> </div>	<div> <div></div> <div>-</div> <div></div> </div>
Provide any account number from your statement, or leave blank if a new Account.	Social Security or Federal Taxpayer Identification Number
Name (First, MI, Last, Suffix)	
Residence Address (P.O. Box is not acceptable.)	
City, State, Zip	
<div> <div></div> <div>-</div> <div></div> </div>	<div> <div></div> <div>-</div> <div></div> </div>
Daytime Telephone Number	Evening Telephone Number

### 3. State Employer/Agency Information

State Employer/Agency Name	
Contact Name	Telephone Number

### 4. Contribution Instructions (You must complete all parts of this section.)

- ☐ **Tell us how much you would like to contribute each pay period.**

(The minimum contribution is \$15 per investment option, per Beneficiary, each pay period.)

**Contribution Amount per pay period:**

\$		,			.	0	0
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- ☐ **Tell us when to begin those contributions.** (Unless otherwise indicated, your contributions will begin the pay period following receipt of all paperwork in good order. It may take up to 30 days to initiate this payroll deduction.)

**Effective Date of Payroll Deductions:**

M	M	/	D	D	/	2	0	0	Y
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- ☐ **Tell us where to deposit your contributions.**

(Use this form to contribute to all Account(s) you own for all Beneficiaries and attach an additional page, if necessary.)

Beneficiary Name (Provide first and last name.)	Investment Options (See State Employee Payroll Deduction Checklist for a list of fund codes and names.)	Is this a new option? (Circle one.)	Percentage of each contribution					
1.		Yes No				.	0	0 %
2.		Yes No				.	0	0 %
3.		Yes No				.	0	0 %
4.		Yes No				.	0	0 %
5.		Yes No				.	0	0 %
6.		Yes No				.	0	0 %
7.		Yes No				.	0	0 %
8.		Yes No				.	0	0 %
<b>TOTAL ALLOCATION PER PAY PERIOD</b>			<b>1</b>	<b>0</b>	<b>0</b>	.	<b>0</b>	<b>0 %</b>

## 5. Account Owner (State Employee) Authorization & Signature

(You must sign exactly as your Account is registered.)

By signing below, I authorize my employer to deduct the amount designated in Section 4 from my wages or salary and to remit the amount deducted to the Georgia Higher Education Savings Plan for deposit into my Account(s) designated above. My participation in this payroll deduction is voluntary and I understand that I may end it upon written notice to my employer. I acknowledge that it may take up to 30 days to initiate, modify or cancel this payroll deduction upon receipt of paperwork in good order.

I also understand that neither my employer nor any employee of my employer nor TIAA-CREF Tuition Financing, Inc. or its affiliates shall incur liability for errors or omissions made in the administration of my payroll deduction and I authorize my employer to recoup funds erroneously remitted on my behalf.

TIAA-CREF Tuition Financing, Inc., and/or its agents, has the right to adjust my Account(s) for any contributions made on my behalf.

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Account Owner (State Employee) Signature

Date

## 6. For GHESP Use Only (State Employees should leave this section blank.)

### To the State Employer/Agency Payroll Office:

Do not begin payroll deductions unless this section is appropriately stamped and dated by GHESP. Once stamped and dated, payroll deductions may begin the period following the date indicated in the approval box.

**Questions?** Call GHESP at 404-463-0000 (metro-Atlanta area) or 866-529-9529 (toll-free), 8:00 AM – 5:00 PM (M-F).

### GHESP Use Only

### Mail this form to:

Georgia Higher Education Savings Plan (GHESP)  
200 Piedmont Avenue, Suite 1204-West  
Atlanta, GA 30334



FINANCIAL SERVICES  
FOR THE GREATER GOOD™

Program Administration by TIAA-CREF Tuition Financing, Inc.  
Distributed by Teachers Personal Investor Services, Inc. and TIAA-CREF  
Individual & Institutional Services, LLC.



## State Employee Payroll Deduction Checklist

This checklist has been developed to help State employees establish payroll deduction for their Program Account(s). Please read it carefully **before** completing this form.

- ✓ Be sure to include your social security or federal taxpayer identification number on this form. That's how your payroll deduction is remitted to the Program for deposit into your Account(s).
- ✓ Use only whole percentages to allocate your contributions and make sure that your total allocation equals 100%. Please verify that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary).

**For example**, a \$60 payroll deduction per pay period could be allocated 25% into 4 investment options ( $4 \times \$15 = \$60$ ). There are other allocation choices, of course, but the dollar amount allocated to each investment option (for each Beneficiary) must be no less than \$15.

Your payroll deduction form will be rejected in its entirety if your allocation for any investment option (for any Beneficiary) is not a whole percentage and/or if the deposit amount for any investment option (for any Beneficiary) is less than \$15.

- ✓ Select from one or more of the following investment options for each Account you own:

<i>Fund Code</i>	<i>Investment Option Name</i>
(Age based)	Managed Allocation Option
(Age based)	Aggressive Managed Allocation Option
1213	100% Equity Option
1215	Guaranteed Option
1214	Balanced Fund Option

- ✓ The State Employee must be the Account Owner on all Program Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ You must sign your name exactly as it appears on your existing Account or on the new **Account Application**, if applicable.
- ✓ Make a copy of this completed form for your records. Depending on the type of payment issued by your State employer, i.e. check or ACH Direct Deposit, you may not receive any acknowledgement until the quarterly statement after your first payroll deduction amount is received by the Program and deposited into your Account(s).
- ✓ Use this **Authorization for Automatic Payroll Deduction or ACH Direct Deposit for State Employees** to add, change or stop payroll deductions at any time. These forms are only available through GHESP.

### A Special Note to New Account Owners

Send your new **Account Application** and this form to:

Georgia Higher Education Savings Plan (GHESP)  
200 Piedmont Avenue, Suite 1204-West  
Atlanta, GA 30334

(Note: Do not use the postage paid envelope included in the enrollment kit.)

**Payroll Questions?** Call GHESP at 404-463-0000 (metro-Atlanta area)  
or 866-529-9529 (toll-free), 8:00 AM – 5:00 PM (M-F).

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## State Employer/Agency Payroll Deduction Checklist

This checklist has been developed to help **State employers/agencies** establish payroll deduction for any State employee. Please read it carefully before establishing payroll deduction for any employee, consult the ***Georgia Higher Education Plan Payroll Processing Manual for Georgia State Agencies*** for additional information or call GHESP for assistance.

**If payroll deduction amounts will be sent to the Program by...**

### ACH Direct Deposit

- ✓ Be sure that the ***Authorization for Automatic Payroll Deduction or ACH Direct Deposit for State Employees*** has been approved and stamped by GHESP. If not, return the form to GHESP for review and approval.
- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the ***Georgia Higher Education Savings Plan***, i.e., DDA account number 99055634, and the next 9 digits identify the employee, i.e., the employee's social security or federal taxpayer identification number. Do not use any dashes or spaces.
- ✓ Be sure that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary). The deposit will be rejected in its entirety if the contribution amount for any investment option (for any Beneficiary) is less than \$15.

### Check

- ✓ Be sure that the ***Authorization for Automatic Payroll Deduction or ACH Direct Deposit for State Employees*** has been approved and stamped by GHESP. If not, return the form to GHESP for review and approval.
- ✓ Follow the steps for setting up a general deduction, select the "GHESP" deduction code, then enter the requested deduction amount.
- ✓ Enter the employee's social security or federal taxpayer identification number in the "Account Identifier" field. Do not use any dashes or spaces.
- ✓ Be sure that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary). The deposit **for all employees** will be rejected in its entirety if the contribution amount for any investment option (for any Beneficiary) is less than \$15.
- ✓ Be sure to attach a copy of your agency's ***Deductions Register*** (report PYxxx0001) to the single contribution check for all employees. The register must include all employee names, along with their corresponding social security or federal taxpayer identification numbers. If this register does not accompany the check, then none of the contributions will be deposited and all will be returned.

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